## Department of Labor and Industries

This form must be filled out by a Vocational Rehabilitation



## 2nd 52 WEEK PERIOD

TRANSPORTATION COST ENCUMBRANCE Counselor who has received a referral from the State Fund. \*\*\*\* Counselor is responsible for sending **Original** Modification a copy of this form to each vendor \*\*\*\* Claimant: Claim Number Vendor Name Vendor Name Vendor Name Vendor Name **Previous** Total 2nd 52 week L&I Billing Category Plan **Funds** Provider No. Provider No. Provider No. and Code Provider No. Expenditures Mileage - 0301R Parking - 0302R Bridge & Ferry Tolls - 0303R Commercial Transportation - 0304R Vendor Funds Allocated From: From: From: From: Dates of Service To: To: To: To: Total L&I Transportation Funds Expended in 2nd 52 Weeks: Total L&I Transportation Funds Allocated 2nd 52 Weeks: »»»»»»»»»»»»»»»»»»»»»»»»»»» Mileage Calculation Worker's residence address at the time of training Training site address 1st, Establish the number of miles in a round trip (by the most direct rout) from residence, during the time of training, to training site. 2nd, Multiply miles by: The number of actual training days. X 3rd, Multiply total miles by the current reimbursement rate: XEquals Funding allotted for Plan Travel - 0301R NOTICE: Please attach a copy of this form to the Injured Worker Travel Expense Voucher form (yellow), when submitting bill(s) Vocational Counselor: Date Signature Company Phone No. FAX No. For Dept Use Only Claims Manager Date Phone No. Signature Not

Phone No.

Signature

Recommended

Disapproved

Date

Recommend

Approved

Supervisor of Industrial Insurance